DELINEATION OF CLINICAL PRIVILEGES - BEHAVIORAL HEALTH PRACTITIONER

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.

The individual has earned a master's degree in counseling or clinical psychology, fulfilling the requirements of a 2-year academic program, including a minimum of 12 supervised practicum hours in the major specialty. The graduate program must be from a university fully accredited by a U.S. regional accrediting body. The practitioner performs specialty counseling services and works under the supervision of a psychologist, psychiatrist, or clinical social worker licensed in his/her discipline. The individual must possess either the Licensed Professional Counselor (LPC) license or a master's level psychology license, such as "psychology associate" license, from a State licensing board. NOTE: Not all States offer licenses to those possessing a master's degree in psychology, but all offer the LPC, though some States use a different title for their LPC equivalent license. Check the education and experience requirements for licensure to determine equivalency.

Requested	Approved	
		Category I clinical privileges

Category II.

The individual has completed a 2-year master's degree program in counseling or clinical psychology, at a fully accredited university, including a minimum of 12 semester hours of supervised practicum. The individual possesses the LPC/LPC equivalent licensure, or a "psychology associate" (or other master's level mental health provider license) available in some states. He/she has 2 years minimum full-time experience in the specialty in which services are performed under the supervision of a higher privileged provider with a license in social work, psychology, or psychiatry.

Requested	Approved	
		Category II clinical privileges

Category III.

The individual has completed a post-master's specialty degree from an accredited university and passed a comprehensive examination in that specialty. The individual has an LPC/LPC equivalent license, or a license as a master's level mental health provider from a State licensing body. He/she provides a wide range of services in the designated specialty and may supervise category II or I counselors in their provision of services in the specialty. The individual will be supervised by a psychologist, psychiatrist, or a social worker who is licensed in their respective disciplines and privileged at a higher level (category).

Requested	Approved	
		Category III clinical privileges

PRIVILEGES

Requested	Approved		Requested	Approved	
		a. Assessment/Treatment Planning			(3) Adult Therapy
		(1) Psychological Assessment			(4) Adolescent Therapy*
		(2) Substance Abuse Assessment			(5) Family Therapy
		(3) Adult Assessment			(6) Marital Therapy
		(4) Adolescent Assessment*			(7) Individual Therapy
		(5) Family Assessment			(8) Group Therapy
		(6) Inpatient Treatment Planning			(9) Crisis Intervention
		(7) Outpatient Treatment Planning			
					c. Consultation
		b. Rehabilitation/Treatment			(1) Command
		(1) Inpatient Therapy			(2) Medical/Allied Health Agencies
		(2) Outpatient Therapy			(3) Community Organizations

* Special training with a focus on work with adolescents is required.

PRIVILEGES *(Continued)*

Requested	Approved		Requested	Approved	
		(4) School			(7) Motivational Education/Training
		(5) Special Procedures			(8) Alcohol/Drug Awareness Education
		(6) Resource/Referral Planning			

COMMENTS

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - BEHAVIORAL HEALTH PRACTITIONER

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	a. Assessment/Treatment Planning			
	(1) Psychological Assessment			
	(2) Substance Abuse Assessment			
	(3) Adult Assessment			
	(4) Adolescent Assessment*			
	(5) Family Assessment			
	(6) Inpatient Treatment Planning			
	(7) Outpatient Treatment Planning			
	b. Rehabilitation/Treatment			
	(1) Inpatient Therapy			
	(2) Outpatient Therapy			
	(3) Adult Therapy			
	(4) Adolescent Therapy*			
	(5) Family Therapy			
	(6) Marital Therapy			
	(7) Individual Therapy			
	(8) Group Therapy			
	(9) Crisis Intervention			
	c. Consultation			
	(1) Command			
	(2) Medical/Allied Health Agencies			
	(3) Community Organizations			
	(4) School			
	(5) Special Procedures			
	(6) Resource/Referral Planning			
	(7) Motivational Education/Training			
	(8) Alcohol/Drug Awareness Education			

* Special training with a focus on work with adolescents is required.

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*